Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

DT-6569

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			9					ATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			SIC FEE		OB	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		* 6		×	(\$ 9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	/minus 3 =		*/ ~		-	——— (42=			-	
MU	LTIPLE DEPEN					\vdash	42=		OR	X84=		
							+	140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" i			olumn 2	T	OTAL		OR	TOTAL	FIDE
CLAIMS AS AMENDED - PART II											OTHER	,
		(Column 1)		(Colur		(Column 3)	SI	MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	P	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	×	42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			140			.000	
							+	140=		OR	+280= TOTAL	
							ADD	TOTAL IT. FEE		OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	×	\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=	×	42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDI				CLAIM							_
							+	140= TOTAL	,	OR		
									.,	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	\ _	42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		 ^	74-		OR		
* If the entry in column 1 is less than the entry is solven 2 with #0# is solven 2								40=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		ımber Previously P nber Previously Pa							propriate box	in co		